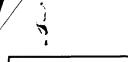


DECLARATION FOR "371" APPLICATION



COMBINED DECLA	ATTORNEY'S DOCKET PG4886C							
APPLICATION WITI	H POWER	OF ATTORNEY	7	First Named Inventor:				
				Stanley George BONNEY				
() Declaration submitted with initial filing or				Complete if known: App No.:				
() Declaration submitted after initia	l filing (surcharge	required 37CFR1.16(e))						
				Group Art Unit:				
As below named inventor. I hereby declare that:								
My residence, post office address and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
MEDICAMENT DISPENSER								
the specification of which (check only one item below):								
[]is attached hereto. OR [x] was filed on 23 July 2003 as United States application Serial No or PCT International								
Application Number PCT/EP03/08144 filed and was amended on (MM/DD/YYYY)(if applicable)								
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:								
PRIOR FOREIGN AND ANY P								
Prior Foreign Application Number (s)	Country		Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED				
1. 0217199.9	Gre	eat Britain	25 July 2002	X				
2. 3.								
3.								
4. 5.								
	itle 25 I Inited St	atas Cada S110(a) afam	. I Inited States massisional applie	estion(s) listed helessy				
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY)								
Application No.								
2.								
<u> </u>				·				

DECLARATION FOR "371" APPLICATION



COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PG4886C

STATE & ZIP CODE/COUNTRY

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION						TATUS (Check one)	
- 110	Desert Application of	PCT Parent Parent Filing	Data	PATENTED	PENDING	ABANDONED	
U.S. Parent Application or PCT Parent Parent F Number (MM/DI				PATENTED	PENDING	ABANDONED	
	Humber	(MAYADD) I	•••				
POWE	R OF ATTORNEY	: As a named inventor, I hereby appoint	the practitioners as	ssociated with the	Customer Numbers	provided below to	
		nd to transact all business in the Patent ar					
Custome	r Number 23347 a	nd Customer Number 20462	<i>y</i>				
Address	s all corresponder	nce and telephone calls to Customer	Number 23347)	Direct Telephone Ca	lls to:	
Audi Cs.	s an corresponder	tee and telephone cans to Customer	(<u>255 17</u>				
					James Rick 919 483 8022		
		statements made herein of my own kn					
		nd further that these statements were					
		fine or imprisonment, or both, under 1	.8 U.S.C. 1001, a	nd that such wil	lful false statement:	s may jeopardize	
the vali	dity of the applica	ation or any patent issuing thereon.					
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	IF.	SECOND GIVEN NAME	E/INITIAL.	
2	OF INVENTOR	BONNEY	Stanley		George		
, ~ t	INVENTOR'S	Signature				Date: \	
1,00	SIGNATURE			26to Oct 63.			
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	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO		
1	ADDRESS	GlaxoSmithKline		Research Triangle Park		North Carolina 27709, US	
		Five Moore Drive, PO Box 13398		_			
	FULL NAME	DAVIES	Michael	FIRST GIVEN NAME		SECOND GIVEN NAME/INITIAL Birsha	
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2	SIGNATURE	The same of the sa	Data 13001 2003				
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ľ	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO		
2	ADDRESS	GlaxoSmithKline		Research Triangle Park		North Carolina 27709, US	
		Five Moore Drive, PO Box 13398					
2	FULL NAME	FIRST, SECOND AND FAMILY NAME	FIRST GIVEN NAM	E	SECOND GIVEN NAME	ZINITIAL	
	OF INVENTOR						
	INVENTOR'S	Signature		Date			
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3	ADDRESS						
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